

## HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M, ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

September 11, 2007

Sandra Eggebraaten, Administrator Wolfe Creek-Glenwood Manor 2087 S Tollgate Boise, ID 83709

License #: RC-868

Dear:

On June 21, 2007, an Initial Licensure survey was conducted at Wolfe Creek Assisted Living Communities, Inc-Glenwood Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, MSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

PWG/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



## HEALTH & WELFARE

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August 15, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 0889

Sandra Eggebraaten, Administrator Wolfe Creek-Glenwood Manor 2087 S Tollgate Boise, ID 83709

Dear Ms. Eggebraaten:

On June 21, 2007 a Health Survey was conducted at your facility. We have not yet received a response from the facility for that survey, which was due by **July 21, 2007**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before August 25, 2007.

Should you have questions regarding the survey or developing a response, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPL	ETED
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	ROVIDER OR SUPPLIER	NITIES, INC - GLE	l .	ENWOOD	STATE, ZIP CODE		
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Bureau of Fa	cility Standards						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

IRLS11



## BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

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